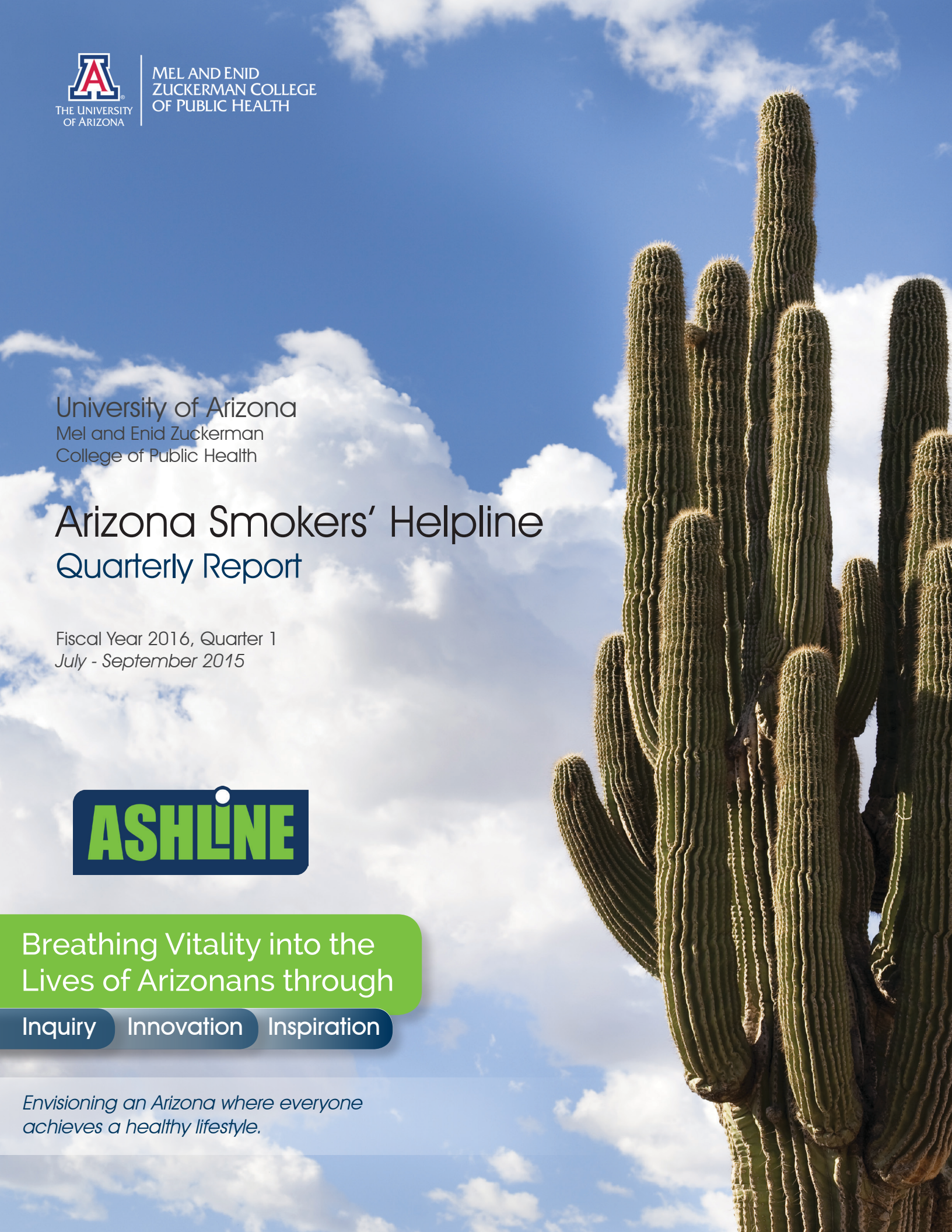


THE UNIVERSITY OF ARIZONA
MEL AND ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

University of Arizona
Mel and Enid Zuckerman
College of Public Health

Arizona Smokers' Helpline
Quarterly Report

Fiscal Year 2016, Quarter 1
July - September 2015

ASHLINE

Breathing Vitality into the Lives of Arizonans through

Inquiry | Innovation | Inspiration

Envisioning an Arizona where everyone achieves a healthy lifestyle.

TABLE OF CONTENTS

I. COMMUNITY DEVELOPMENT

PARTNER TRAINING AND TECHNICAL ASSISTANCE PROGRAM

This quarter the Community Development Team continued to provide training and technical assistance to our referral partners statewide. Currently our team trains community partners on the Ask, Advise, Refer (AAR) brief intervention process, electronic nicotine delivery systems (ENDS, commonly referred to as electronic cigarettes), and the WebQuit online referral submission process. We also offered tobacco cessation-focused "Lunch & Learns" for organizations participating in our employer pilot program. Between July and September, we delivered a total of 12 AAR trainings in medical settings to over 135 providers and a total of 12 AAR trainings in behavioral health settings to over 185 providers, as well as 1 pharmacy training and 1 WebQuit training to over 160 providers. The total number of referrals for the quarter are presented in Table 1. Additionally, Table 2 presents the percentage of referred clients we were able to reach by county. Overall, we reached more than half of our total referred clients (52%) and the reach rate by county generally reflected population distribution.

TABLE 1: REFERRAL REACH RATE & ENROLLMENTS

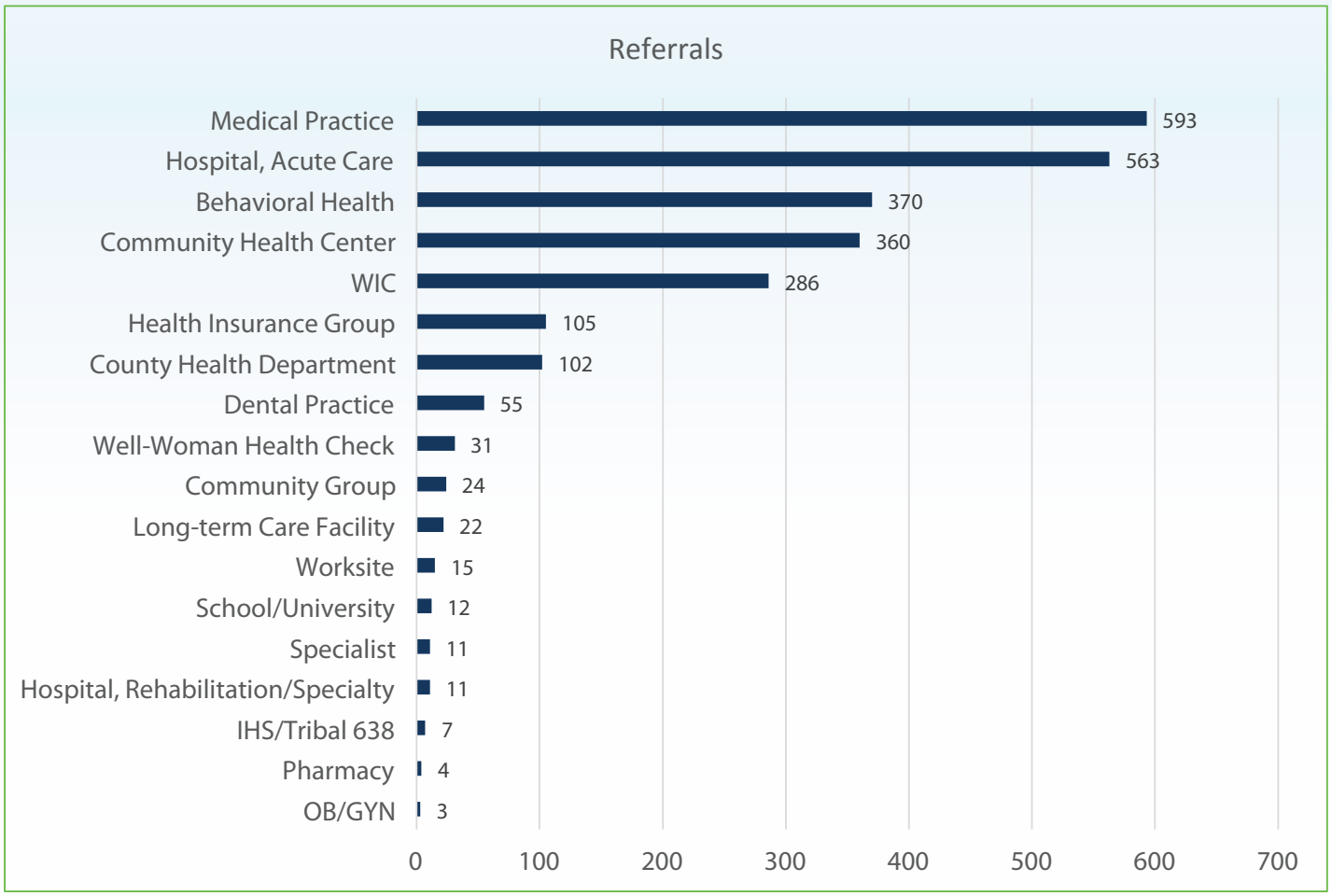
	Q1 FY2016
# Referrals	2,574
% Reached	52%
% Reached who Enrolled	42%
# Unique Locations	457

TABLE 2: REFERRALS BY COUNTY

County	Number of Referrals	Percent Reached
Apache	21	48%
Cochise	63	54%
Coconino	58	38%
Gila	15	53%
Graham	19	63%
Greenlee	1	100%
La Paz	35	51%
Maricopa	1,547	50%
Mohave	94	59%
Navajo	14	57%
Pima	581	58%
Pinal	25	76%
Santa Cruz	17	76%
Yavapai	42	55%
Yuma	42	67%
Overall	**2574**	**52%**

The Community Development Team also worked with county tobacco program staff to identify partnership goals and clarify ASHLine's role in supporting their efforts to promote tobacco cessation. The team completed a series of site visits and conference calls with the Arizona Department of Health Services (ADHS) Bureau of Tobacco and Chronic Disease (BTCD)-funded tobacco partners within Arizona's county health departments. County tobacco programs complete a range of activities on behalf of ASHLine throughout the year from offering information, education and referrals at community events to working with provider organizations on establishing referral programs to link patients to quitline services. These meetings resulted in three tangible deliverables that were developed as a result of the collaborative conversations with county partners this quarter: (1) a statewide guide detailing the types of technical assistance available from the Community Development Team to support county tobacco programs; (2) a series of county-specific supplements to the statewide guide, detailing specific outreach goals identified by each county to be completed this fiscal year; and (3) a county-specific listserv to support resource sharing, updates and ongoing communication and collaboration with our county partners throughout the year. Of note, the efforts of these partners contribute to our quarterly referral numbers in a variety of areas, but especially among county health departments, medical practices, and Women, Infants and Children (WIC) programs (see Figure 1).

FIGURE 1: REFERRALS BY LOCATION TYPE



PROMOTING HEALTH SYSTEMS CHANGE

In addition to meeting with county stakeholders, the Community Development Team completed a health systems audit of Arizona. This was completed in order to prepare for and begin coordinating outreach efforts to promote health systems change through the remainder of the fiscal year. Specifically, the team reviewed the current standing of each federally qualified community health center (FQHC) and key behavioral health providers in our database to: (1) ensure all organizational information (e.g. address, phone, fax) and current contacts are up to date; (2) establish new location-level contacts where necessary; (3) identify appropriate system-level contacts (when possible); and (4) offer updated referral forms, quitline collateral and training as needed throughout the auditing process. The timing of this audit relates to structural changes that have occurred in the past year in both community health and behavioral health sectors. For example, FQHCs across the state have grown and expanded in conjunction with efforts to integrate care and increase the availability and accessibility of primary healthcare for underserved Arizonans. Behavioral health providers have undergone changes in Regional Behavioral Health Authority (RBHA) leadership, including changes that went into effect October 1, 2015 in both northern and southern Arizona. These changes in leadership resulted in very recent (and in a few cases, significant) restructuring for many agencies as they expanded or merged with other organizations. Thus, our audit will ensure that we have accurate and updated information about our partners and lead contacts to support our outreach strategies next quarter. Our focus is to secure buy-in with these restructured agencies to assure continued coordinated health systems change collaborations. In addition to our auditing process, the team has taken steps toward developing a Health Systems Change toolkit. The toolkit is scheduled to be completed in Quarter 2 and field tested in Quarters 3-4 of FY2016. It is designed to assist organizations to prepare for and implement health systems change strategies.

Finally, the team together with the Business Team made progress in partnering with El Rio Community Health Center in Pima County on a North American Quitline Consortium (NAQC) eReferral project. This project is designed to provide technical assistance to state quitlines and their healthcare partners to implement a fully electronic, bidirectional exchange of referrals. The University of Arizona, ASHLine, and El Rio Community Health Center have signed a Memorandum of Understanding to formalize this partnership and have committed to implementing a bidirectional exchange process by October 2016. This project marks a significant milestone for ASHLine. It demonstrates our capacity to promote health systems change in the future and support the end stage of integration of specific systems strategies—assessment, intervention, and referral—within electronic medical records (EMRs). Successful integration of prompts and clinical decision support within EMRs can enhance provider and organizational intervention rates, leading to improved coordination of care and patient outcomes.

PUBLIC-PRIVATE PARTNERSHIP (PPP) EMPLOYER PILOT PROGRAM

The Community Development Team, in collaboration with the Enrollment, Clinical Services and Research and Evaluation Teams, continues to provide support for the Employer Pilot Program. Although no new employers were recruited to the pilot program in Quarter 1, the team attended 3 health/benefits fairs (Knight Transportation, PayPal, Safety First) and provided 3 Lunch & Learn presentations to over 20 employees at organizations that are currently participating in, or considering joining the pilot program.

UPCOMING GOALS

In the coming quarter, the Community Development Team will continue providing training and technical assistance to support our provider referral network and community partners in their efforts to promote tobacco cessation. To do this, we will focus on the following activities: (1) approach leadership entities in the community health and behavioral health sectors (e.g. Arizona Alliance of Community Health Centers, RBHAs) to facilitate ASHLine's ability to successfully approach targeted organizations and invite them to complete an organizational assessment and discuss next steps for implementing health systems strategies, (2) complete the first draft of our health systems change toolkit, (3) continue to support the PPP Employer Pilot program, (4) complete next steps on the eReferral project in conjunction with the NAQC project timeline, and (5) develop a suite of materials to support outreach to providers serving populations eligible for specialized protocols to be offered by the Clinical Services Team.

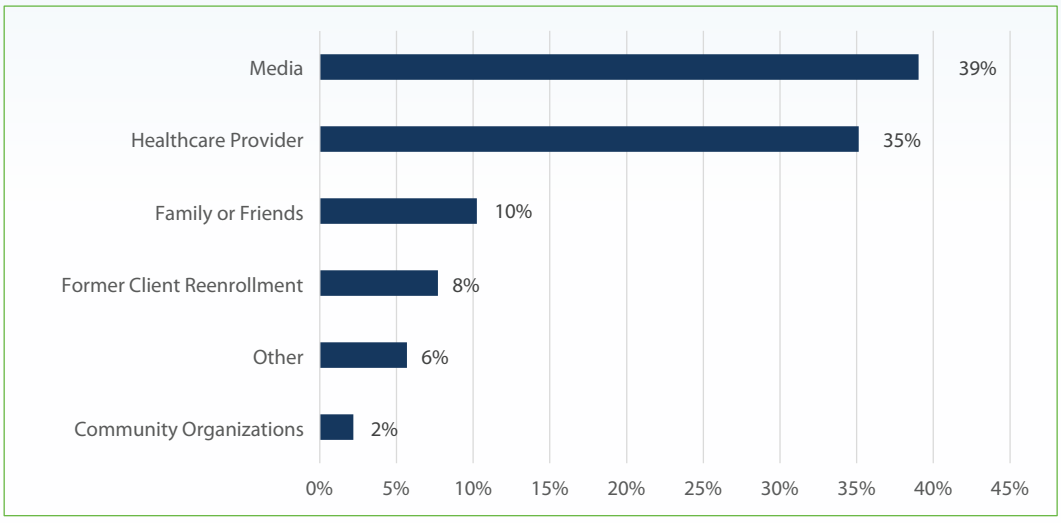
TABLE 3: EMPLOYER PILOT REFERRALS

	Q1 FY2016
# Referrals	8
% Reached	88%
% Reached who Enrolled	86%

II. CLIENT ENROLLMENT AND CHARACTERISTICS

The Enrollment Team provides over the phone enrollment to all callers wanting to enroll in ASHLine services. They are the first point of contact callers have with ASHLine. They inform callers about ASHLine services, health insurance benefits, and provide information about our free nicotine replacement therapies (NRT) to eligible clients. When clients are not eligible to receive mediations directly from ASHLine (e.g. clients insured through AHCCCS) Enrollment Specialists navigate them to receive little to no-cost pharmacotherapies from other sources (e.g. health care providers).

FIGURE 2: HOW CLIENTS HEARD ABOUT ASHLINE



IMPROVING PRACTICES

This quarter, the Enrollment Team underwent several advanced trainings in tobacco cessation, NRT practices, client documentation, and protocol overview for high-risk groups (e.g. pregnancy/postpartum smokers and individuals with mental health diagnosis). The purpose of these trainings was to educate the staff to effectively engage high-risk clients and accommodate their unique quit support needs through the enrollment process. We hired additional Enrollment Specialists to as part of a pilot that extends call times during the evenings as well as to help manage the increase in call volumes, largely due to the success of extensive media campaigns that aired this quarter.

KEY OUTCOMES

This quarter, the Enrollment Team was successful in reaching over half of our referred clients (see Table 2); a 5% increase from our last quarter. Distribution of our enrolled clients across counties can be seen in Figure 3. With better client engagement and ongoing staff training, we anticipate further increasing our reach and enrollment of referred clients.

Media campaigns continue to be a successful strategy for potential clients to hear about ASHLine. This quarter, almost 40% of our clients heard about ASHLine's services through media advertisements (see Figure 2). For example, over 2,200 clients called into our program in one month due to our increase in media attention (see Figure 4). This reinforces the utility of using media campaigns to reach tobacco users in Arizona. Our client characteristics are presented in Table 4. The majority of our clients are above 35 years of age and identify as White, non-Hispanic. About half are insured through AHCCCS or are uninsured, indicating that they are a high risk, low income sample of tobacco users. Client enrollment by AHCCCS plan are presented in Table 5.

FIGURE 3: PERCENTAGE OF ASHLINE CLIENTS ENROLLED BY COUNTY

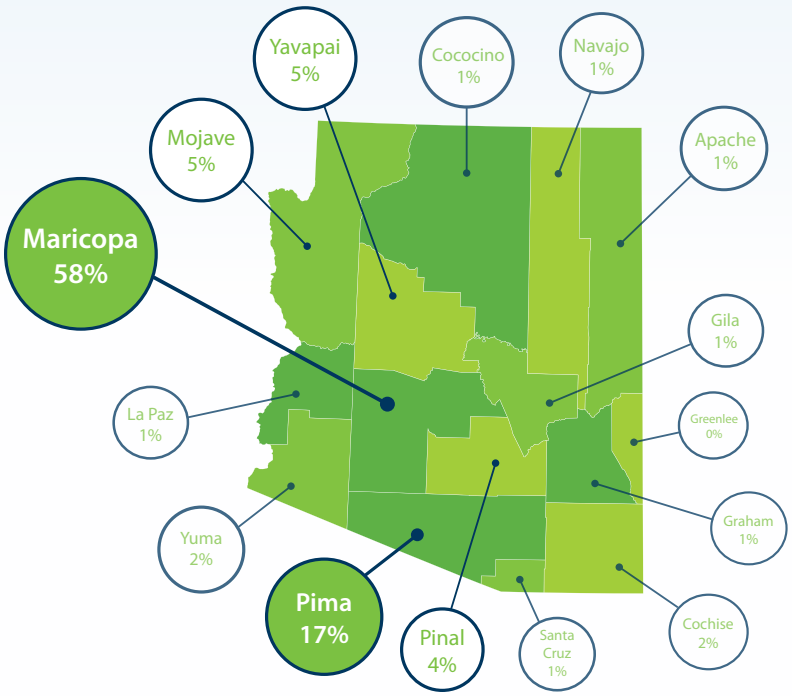


TABLE 4: CLIENT DEMOGRAPHICS (N=1,986)

Gender	
Male	43.9%
Female	56.1%

Race	
White	84.6%
Black or African American	9.1%
Asian	0.5%
Hawaiian	0.1%
American Indian	1.3%
Multiracial	2.1%
Other Race	2.4%

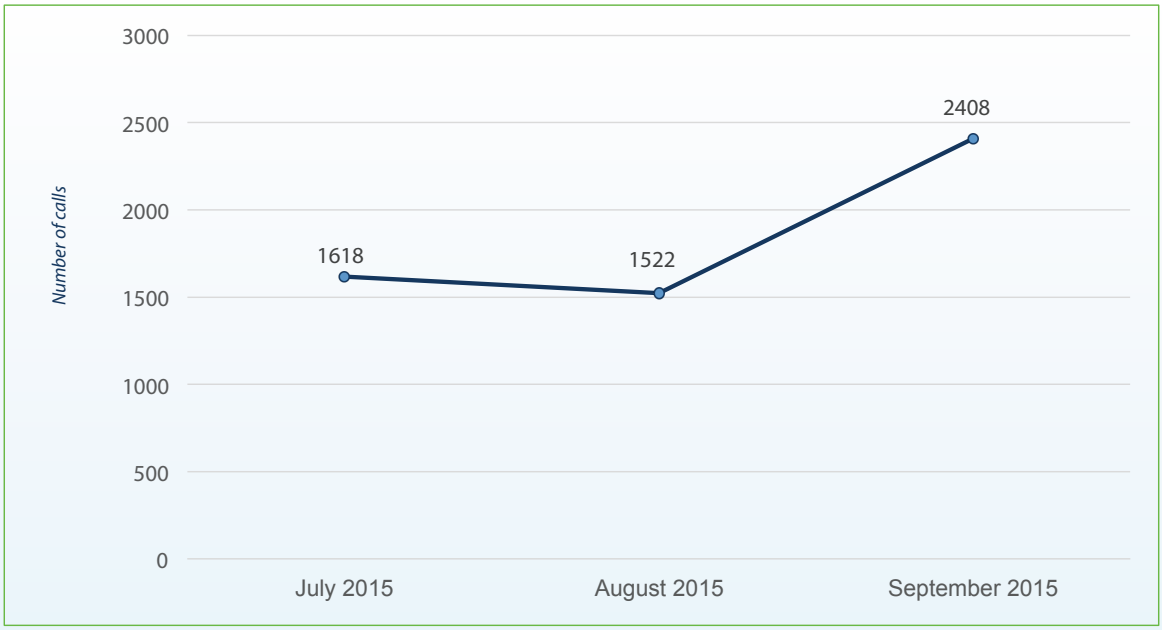
Ethnicity	
Hispanic	27.1%
Non-Hispanic	72.9%

Age	
Less than 24	4.5%
25-34	12.3%
35-44	16.2%
45-54	23.2%
55-64	27.8%
65-79	14.8%
80+	1.1%

Comorbid Condition	
None	26.8%
Chronic Health Condition(s) Only	30.0%
Mental Health Condition(s) Only	14.4%
Chronic and Mental Health Condition(s)	28.8%

Insurance	
Other	52.8%
AHCCCS	26.7%
Uninsured	20.5%

FIGURE 4: CALL VOLUME BY MONTH



UPCOMING GOALS

One of our strategic priorities this fiscal year is to increase service utilization among young tobacco users. Our goal is to increase awareness, accessibility, and utilization of ASHLine services within this demographic. Thus far, youth (18-24 years of age) comprise about 5% of our total population (see Table 4). To increase youth enrollment, we will train student interns to engage younger tobacco users through a social media campaign that incorporates SMS texting and blogging as well as other social media outlets (e.g. Facebook, Twitter).

TABLE 5: PERCENT ENROLLED BY AHCCCS INSURANCE PLANS (N=527)

AHCCCS Insurance Plans	Percent Enrolled
Bridgeway - Acute & LTC	0.4%
Care1st Health Plan Arizona, Inc.	5.7%
CRS – UnitedHealthcare Community Plan	0.8%
Health Choice Arizona	13.1%
Health Net of Arizona	2.5%
Maricopa Health Plan	6.6%
Mercy Care Plan	**24.1%**
Phoenix Health Plan-010299 (PHP)	2.1%
UnitedHealthcare Community Plan	16.1%
University Family Care (UFC)	7.0%
Not Sure	21.6%

In the next quarter we will continue to focus on staff trainings. Enrollment specialists will be trained in motivational interviewing techniques and when the newly developed client data software is ready to launch, we will work with them on new data collection protocols. Together, these trainings will improve client engagement and facilitate data quality control through standardized data collection within the newly developed web-based platform.

III. ASHLINE SERVICE DELIVERY

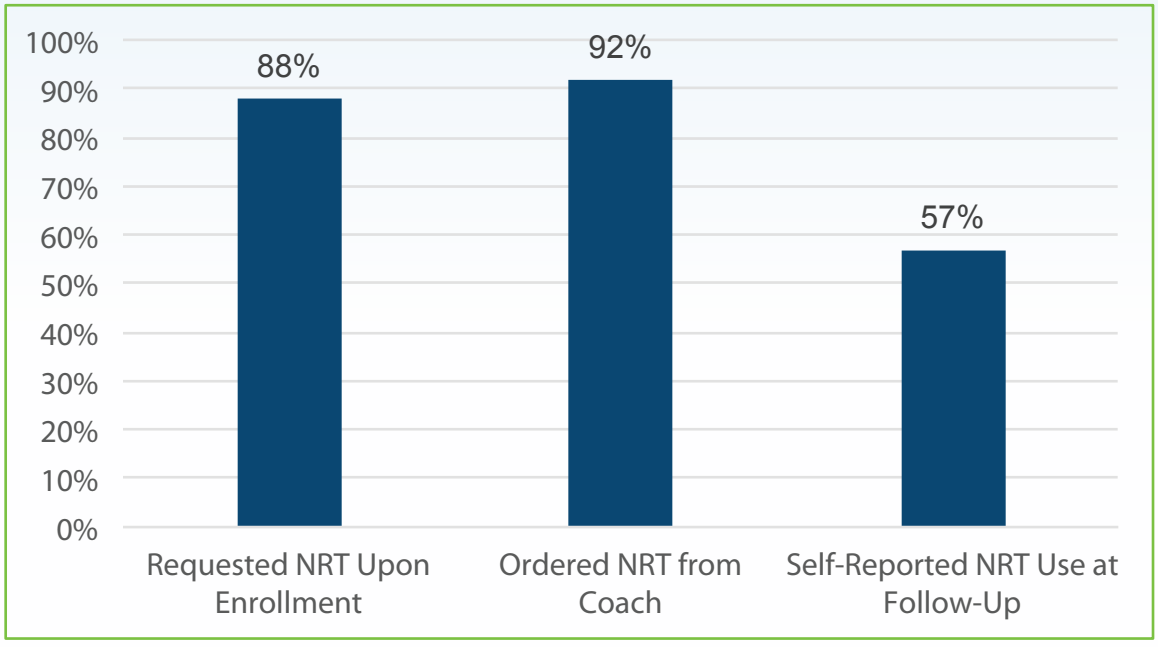
The Clinical Services Team at ASHLine provides evidence-based behavioral counseling for tobacco dependence and treatment. ASHLine utilizes a client-directed, outcome-informed (CDOI) approach to providing cessation services. This allows us to maintain flexibility based on client needs while still collecting regular, real-time metrics. ASHLine coaching can be characterized as a brief, collaborative counseling that strategically incorporates behavioral change strategies that are grounded in cognitive behavioral therapy. ASHLine coaches have an average of four years of active tobacco cessation counseling experience. At ASHLine, they receive extensive training in motivational interviewing techniques and evidence-based cognitive behavioral strategies to promote tobacco cessation.

NEW TRAININGS AND INITIATIVES

Like the Enrollment Specialists, this quarter coaches received specific trainings around smoking behavior change among high-risk populations. In addition to the protocols for high-risk populations, coaches were also trained on cessation specific questions related to ENDS and smokeless tobacco use.

This quarter, we also introduced an initiative that provided up to 4 weeks of free NRT medications to all eligible and non-AHCCCS clients who complete a minimum of two coaching sessions with an ASHLine quit coach. The goal of this initiative is to increase the utilization of evidence-based combination treatment (NRT + behavioral coaching) among clients in an effort to increase frequency of contacts with the coach and improve cessation outcomes. Among eligible clients, 92% ordered NRT from their coach, as shown in Figure 5.

FIGURE 5: UTILIZATION OF NICOTINE REPLACEMENT THERAPY MEDICATIONS RECEIVED THROUGH ASHLINE



KEY OUTCOMES

Overall, the 7-month quit rate was 37%. Additionally, over 80% of clients received more than one coaching session. The average number of coaching sessions per client was 5.1, which meets the North American Quitline Consortium standard for tobacco cessation services of 3 to 5 sessions. An impressive 48% of our clients who ordered NRT from their coaches completed at least 5 coaching sessions.The combination of NRT with behavioral counseling continues to play a pivotal role in aiding tobacco cessation. Clients who used NRT in combination with coaching were more likely to be quit at 7-month follow-up. Specifically, 46% of clients who received coaching and used cessation medications were quit at 7-months, compared to only 36% who received coaching alone (see Figure 6). In addition, greater duration of contact with a coach (in combination with cessation medication) also has a positive effect on quit rates. Over half (51%) of our clients this quarter who received at least 5 coaching sessions and used cessation medication reported being quit at 7-month follow-up (see Figure 7). Among clients who used cessation medication but received only one or two coaching sessions, only 40% reported being quit at 7-month follow-up. Individuals who used cessation medication without coaching showed no evidence of being quit at 7-month follow-up.

TABLE 6: SERVICE UTILIZATION

	Q1 FY2016
New Clients	1,986
Average Coaching Sessions	5.1
% Receiving ≥1 Coaching Calls	80%
% Using Cessation Medication	58%

FIGURE 6: QUIT RATES BY TREATMENT TYPE

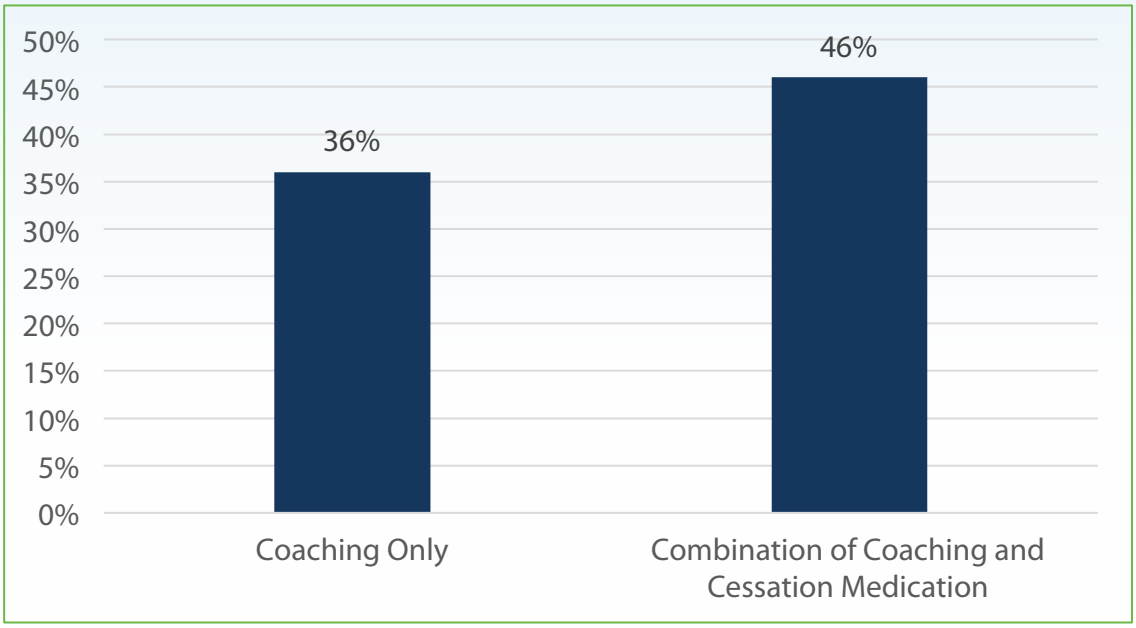
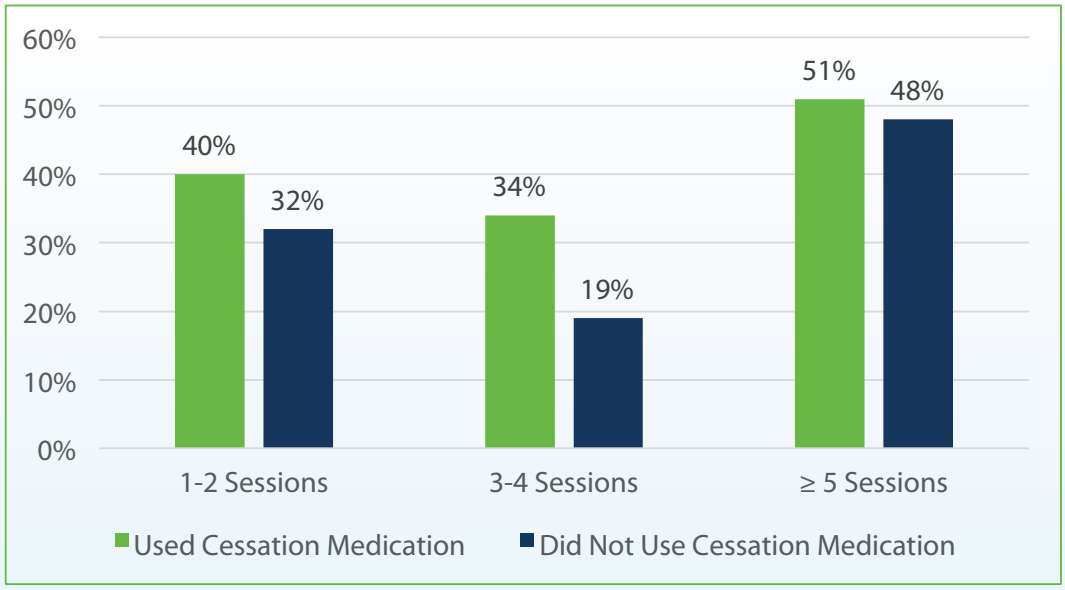


FIGURE 7: QUIT RATES BY NUMBER OF COACHING SESSIONS AND CESSATION MEDICATION USE



UPCOMING GOALS

We plan to continue to develop and implement tailored clinical service protocols for specific high-risk population groups. Upcoming protocols will include tailored coaching for youth tobacco users, Native Americans, and tobacco smoke exposure/second hand smoke. To better serve Native American communities, the Clinical Services Team is in the process of searching for and hiring an Native American quit coach.

IV. SERVICE OUTCOMES

The Survey Team is responsible for completion of brief, follow-up interviews administered to all clients at seven and 13 months post enrollment. The team also conducts an additional satisfaction survey in which clients are invited to evaluate their experience with ASHLine services and provide feedback. In the follow-up interviews, clients are assessed for their current smoking status and smoking history following program exit. Clients are offered the opportunity to reenroll through a 'warm transfer' to a quit coach.

REVISIONS OF PROTOCOL IMPLEMENTATION

Client retention is below desired levels across quitlines nationally. To reduce client attrition, this quarter we re-evaluated and revised our 7-month follow-up survey and call back protocol. We increased the frequency of call attempts to clients from seven to 10 calls in an effort to retain more clients and improve our survey response rate. These evidence-based strategies were extremely effective in reducing client attrition. Specifically, our overall response rate improved to 51%, a marked improvement from the 39% rate we observed in the same quarter last year. Finally, the Survey Team continues to be cross-trained to collect client enrollment data. This training allows them to support the Enrollment Team during periods of high call volume, as occurred this quarter when several media spots aired concurrently. Cross-training is an effective way to manage spikes in call volume.

UPCOMING GOALS

In the next quarter, the Survey Team will build on these retention strategies and will begin mailing reminder post cards prior to making follow-up calls. We believe that increasing client contact following program completion will further improve our response rate. Survey staff will also be offered basic tobacco cessation trainings to enhance their skill set and knowledge in tobacco behavior change.

V. RESEARCH AND EVALUATION

The Research and Evaluation Team is responsible for data management, data coding and analysis, report writing, and oversees all of ASHLine's quality improvement projects. In line with ASHLine's FY2016 strategic goals, the Team is also working to establish an active research program. Through active research, ASHLine will identify and focus on cutting-edge topics in tobacco cessation. In July, we held a research retreat and invited ASHLine research staff and University of Arizona faculty to collaborate in identifying potential areas of research for ASHLine to explore. These include, but are not limited to, co-morbidities and tobacco use, multiple health behavior change for tobacco users, tobacco smoke exposure reduction and creating smoke-free homes as a modifier of smoking behavior change, and chronic disease management for nicotine dependent individuals. Each of these areas has been targeted for research and we have begun presenting data on them at scientific meetings (see below). We anticipate that these topics will continue to be the focus of manuscripts, conference presentations, and grant applications in the future.

PROFESSIONAL PRESENTATIONS

In August, Dr. Uma Nair (Manager of the Research and Evaluation Team) and Ms. Ryan Reikowsky (Manager of the Community Development Team) presented at the 2015 North American Quitline Consortium Conference (Atlanta). Dr. Nair's talk focused on the need for creating tailored and specialized interventions for smokers with mental health conditions. Ms. Reikowsky presented preliminary data on program outcomes from ASHLine's employer-referral pilot initiatives. She also addressed approaches for quitlines to provide evidence-based smoking cessation treatment for employees within the context of the Affordable Care Act. These talks are available on the NAQC website).

- Dr. Uma Nair: http://goo.gl/Wj5pRN
- Ms. Ryan Reikowsky: http://goo.gl/sA6Lhv

Additionally, 3 abstracts based on ASHLine data have been submitted for presentation at two national conferences—the Society of Behavioral Medicine and the Society for Research on Nicotine and Tobacco They are currently under review for acceptance. Our goal is to continue expanding collaborations with researchers within the University of Arizona and nationally.

QUALITY CONTROL AND IMPROVEMENT

In addition to research, we have coordinated several quality control and improvement projects. Through this quarter and the next, we are in the process of revising and implementing standardized training protocols for data collection to continue to ensure fidelity in data collection processes. Secondly, starting with this report, the team has modified and created more informative internal and external reports for the State of Arizona and other stakeholders to effectively communicate ASHLine reach, services, and outcomes.

UPCOMING GOALS

For next quarter, the Research and Evaluation Team will continue developing additional research and quality improvement projects. Our goal is to submit three manuscripts for publication, begin drafting two new manuscripts, present two additional abstracts for presentation at national conferences, and proceed to the next phase in the data fidelity project. The team is currently planning multiple trainings with the assessment staff to create standardized data collection protocols.

7-Month Quit Rate	37%	↑ *up 2% from Q1 FY2015*
7-Month Response Rate	52%	↑ *up 13% from Q1 FY2015*

VI. ASHLINE DATA BRIEF

Employer Pilot Client Characteristics and Quit Rates

The Affordable Care Act (ACA) has expanded the coverage landscape for essential health benefits, including treatment for tobacco dependence.[1] This creates opportunities for quitlines wishing to pursue cost-sharing options to ensure sustainability. ACA provisions allow employers to charge tobacco users a surcharge of up to 50% of their premium if they do not complete a "reasonable alternative" cessation program.[2] In 2013, the Arizona Smokers' Helpline initiated a pilot program with employers wishing to utilize quitline services to structure an evidence-based reasonable alternative.

Currently, 16 employers participate in the pilot. Service provision is negotiated with each employer and varies in the number of mandatory counseling sessions, the minimum number of calls per week or days in program, and whether quitting is a requirement of program completion. In this brief we compare employer pilot clients and non-pilot clients to describe differences in client characteristics and program success.

METHODS

Descriptive differences in client demographics, health, tobacco use, program utilization, and quit status (July 2013 - May 2015) were examined between employer pilot clients (n=201) and matched, non-pilot clients (n=2,580). To make the groups more comparable, the non-pilot group was restricted to clients employed outside of their home and was matched with the pilot group by gender and age. Quit status was based on 30 day abstinence measured at 7-month follow-up.

RESULTS

Overall, the follow-up survey response rate was 39%. Compared to non-pilot clients, pilot clients were more likely to have post-high school education (66% vs. 56%, p<0.01), be privately insured (88% vs. 47% p<0.001), and less likely to report a mental health condition (18% vs. 33%, p<0.001). Fewer pilot clients reported planning to quit in the next 30 days (55% vs. 80%, p<0.001) and were less likely to name health as a motivation to quit (69% vs. 87%, p<0.001). Cost was not a significantly higher for quitting among pilot clients.

TOBACCO USE

Pilot clients were less likely than non-pilot to use tobacco everyday (69% vs. 90%, p<0.001) or to smoke 20 or more cigarettes per day (5% vs. 13%, p<0.05) and were less likely to report high tobacco and nicotine dependence (8% vs. 17%, p<.001).

SERVICE UTILIZATION

Compared to non-pilot clients, pilot clients were more likely to utilize quit services compared to non-pilot clients (avg. # calls 10.6 vs. 3.5, p<.0.001) and more likely to make at least one quit attempt while working with an ASHLine coach (62% vs. 42%, p<0.001). Though not significant, we observed a trend in pilot clients being more likely to report being quit at 7-months (see fig. 1, p=0.09).

FIGURE 8. EMPLOYER PILOT CLIENT QUIT RATES AT 7-MONTHS

SUMMARY

Employer pilot clients were more likely than non-pilot clients to be quit at 7-month follow-up. Even though they were less likely to report planning a quit attempt, they were more likely than non-pilot clients to make at least one quit attempt while in program. Pilot clients received on average seven more coaching calls, a result of most employers requiring that clients complete least eight coaching sessions as a condition to receive a reduced insurance premium.

Interestingly, despite the ACA allowing employers to offer a "reasonable alternative" cessation program and to exercise a surcharge on employees not completing program requirements, cost was not observed to be a significant factor for quitting among pilot compared to non-pilot clients. Given the ACA's vague specification of what constitutes a reasonable alternative standard,[3] efficacy pilots such as this are important to demonstrate the potential for evidence-based quitline services to facilitate quitting among employer-referred clients. Under ACA, quitlines have an expanded opportunity to demonstrate strong return on investment to employers both within the "reasonable alternative" market, as well as the benefits and corporate wellness marketplace.

REFERENCES

1. *Kofman M, Dunton K, Senkewicz MB. Implementation of Tobacco Cessation Coverage under the Affordable Care Act: Understanding How Private Health Insurance Policies Cover Tobacco Cessation Treatments. Washington DC: Georgetown University Health Policy Institute; 2012.*
2. *American Lung Association. Tobacco Surcharges. http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/2013/factsheet-tobacco-surcharges-v2.pdf. Published 2013. Accessed September 28, 2015.*
3. *Incentives for Nondiscriminatory Wellness Programs in Group Health Plans. Fed Regist. 2013;78(106):33158-33192.*

VII. LIST OF FIGURES AND TABLES

Breathing Vitality into the Lives of Arizonans through

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ASHLINE

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Arizona Department of Health Services

ASHLine
University of Arizona
College of Public Health

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